



IQR Program: 2021 eCQM Requirements

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Today's Presenter

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Agenda:

1. Review the eCQM changes to the CMS IQR program
2. Explain the new Opioid eCQM and Hybrid measure
3. Provide tips for creating an eCQM improvement plan
4. Q&A

CMS Statement

“After holding eCQM reporting and submission policies constant for a number of years in order to give hospitals and their vendors additional time to improve eCQM reporting capabilities, and stating our intention to transition to more robust reporting, we believe that it is time to increase the level of reporting...”



7 Habits for Highly Successful Electronic Clinical Quality Measurement



Identify Goals →
Quality Improvement



**Identify & Convene
eCQM Team →**
Collaborative,
Cohesive, Complete



**Preparation &
Education →** Start
Early



Utilize Resources →
Identify, Monitor,
Establish Relationship



**Develop Reliable
Roadmap →**
Structured Process,
Revise Routes, Plan B



**Monitor, Analyze,
Improve →** Review
Results, Identify Areas
of Improvement,
Determine Solution



**Timely Communication &
Feedback →** Stakeholders, Team,
Clinicians...etc.

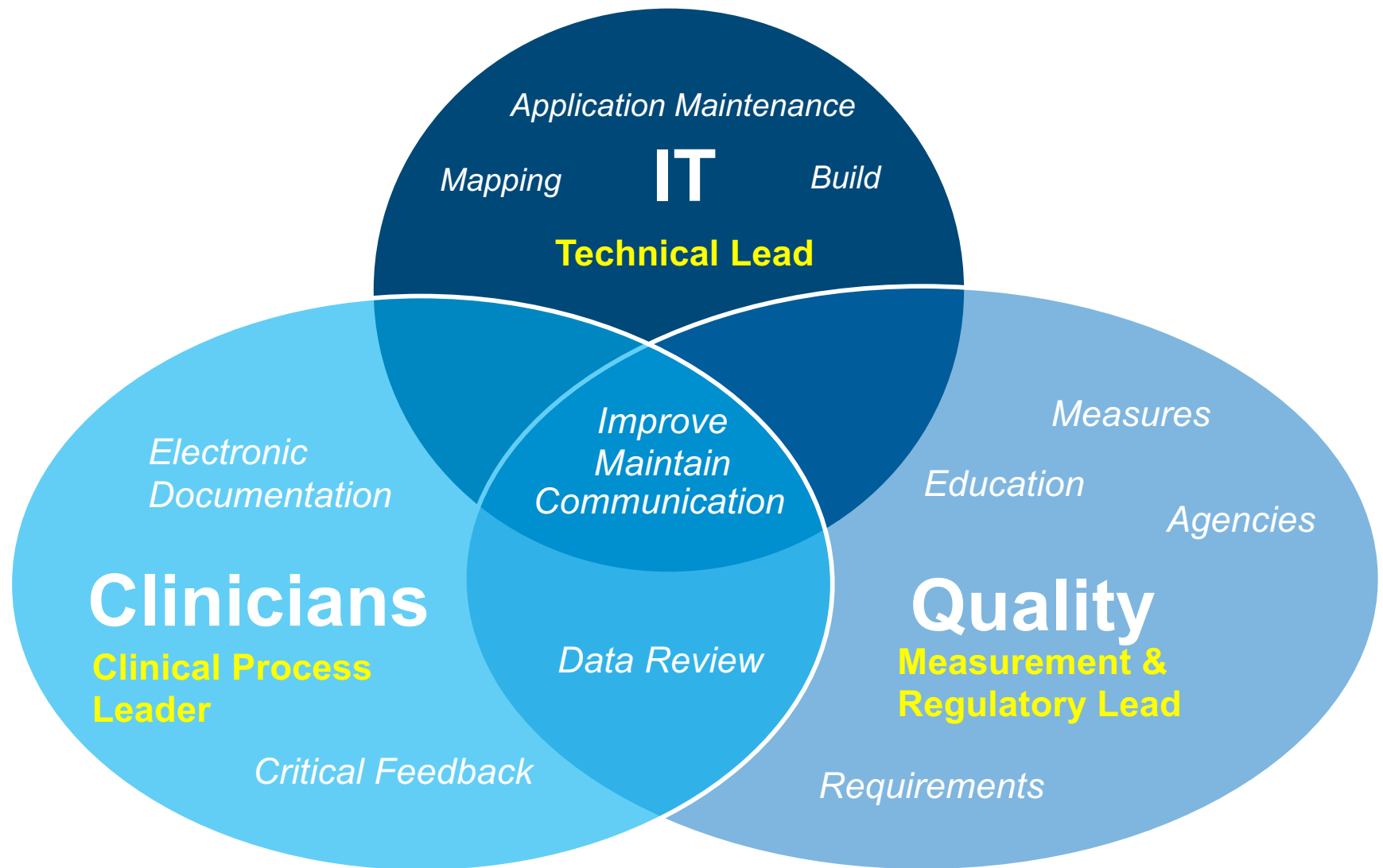
1: eCQM Goals

- 1) Consumer Health**
- 2) Quality Improvement**
- 3) Internal Initiatives**

The Hospital IQR Program is intended to equip consumers with quality of care information to make more informed decisions about healthcare options. It is also intended to encourage hospitals and clinicians to improve the quality of inpatient care provided to all patients.

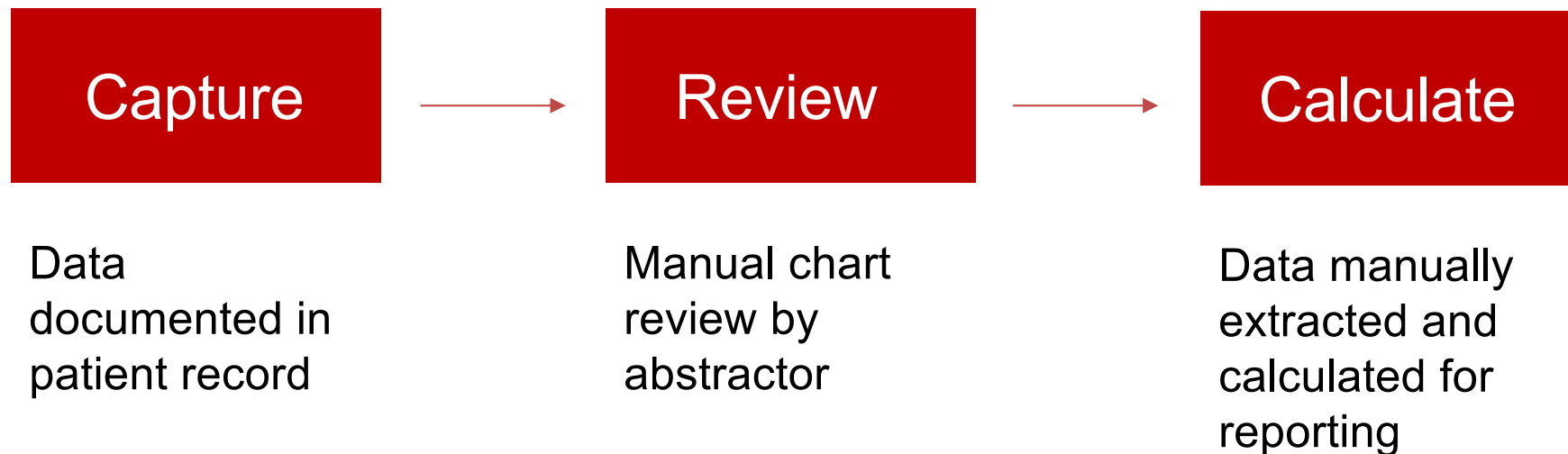
-QualityNet

2: eCQM Team



3: Preparation & Education

Manual Abstraction Process



3: Preparation & Education

eCQM Process

Implement

Specifications,
data elements,
nomenclature
–Build & Map



Capture

Structured data
documented
electronically
and captured in
the EHR



Calculate

Electronically
extracted data
for calculation
and electronic
reporting



Monitor

Validate &
Review

3: Preparation & Education

Improving Data Capture & Reporting:

- 1) Storage of health data in structured format
- 2) Documentation practices
- 3) Transparency
- 4) Quality Improvement Tracking
- 5) Limited data manipulation
- 6) Standardization
- 7) Data Exchange
- 8) Audits



IQR: 2021 eCQMs



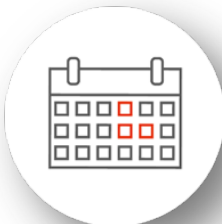
REQUIREMENT:

Hospitals must submit 2 Quarters and at least 4 of the available 9 eCQMs



SUBMISSION METHOD:

HARP (QualityNet Secure Portal)



DEADLINE:

Annual Submission Deadline of February 2022

IQR: 2021 eCQMs

2021:

- 2 self-selected quarters
- 4 self-selected eCQMs
- Addition of CMS 506: Safe Use of Opioids – Concurrent Prescribing
- **Publicly reported on Care Compare (Hospital Compare)**

VTE-1 (371)	VTE-2 (372)	STK-6 (439)
STK-5 (438)	PC-05 (480)	STK-3 (436)
ED-2 (497)	STK-2 (435)	CMS506 (3316e)

IQR: 2022 eCQMs

2022:

- 3 self-selected quarters
- 4 eCQMs
 - ✓ 3 self-selected eCQMs
 - ✓ 1 required: Safe Use of Opioids – Concurrent Prescribing
- Publicly reported on Care Compare

VTE-1 (371)	VTE-2 (372)	STK-6 (439)
STK-5 (438)	PC-05 (480)	STK-3 (436)
ED-2 (497)	STK-2 (435)	CMS506 (3316e)

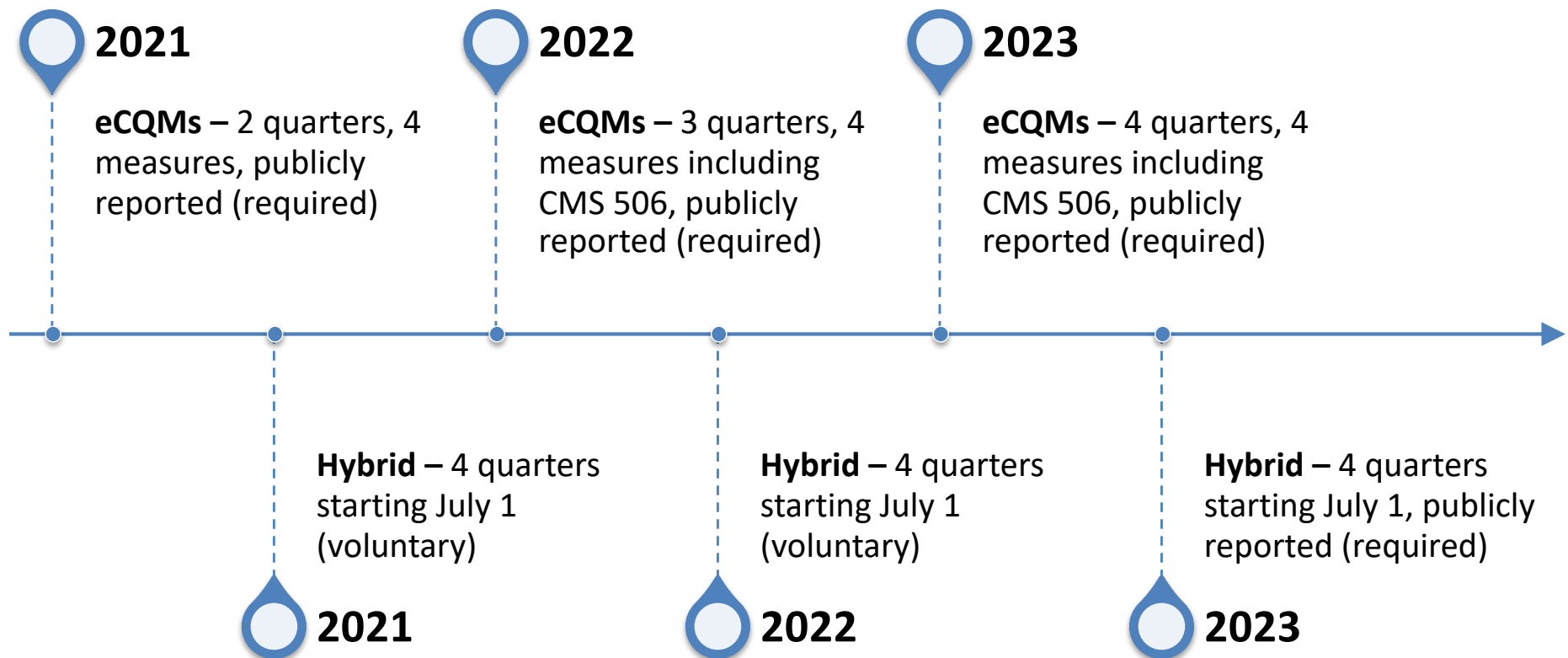
Hybrid Hospital-Wide Readmission Measure

- Claims and Electronic Health Record Data
- 2 years of **voluntary** reporting:
July 1, 2021-June 30, 2022; July 1, 2022 -June 30, 2023
- Electronic specifications available Spring 2020
- Confidential hospital-specific feedback reports
- Voluntary submissions will not be publicly reported and will not impact payment determination

Beginning with the FY 2026 payment determination

- Remove Claims-Based Hospital-Wide All-Cause Readmission measure
- Replace with **required** Hybrid HWR Reporting for the Period:
July 1, 2023-June 30, 2024
- Publicly reported on Care Compare

2021 Final Rule Takeaways



CMS 506: Safe Use of Opioids – Concurrent Prescribing

CMS 506

eCQM Title	Safe Use of Opioids - Concurrent Prescribing		
eCQM Identifier (Measure Authoring Tool)	506	eCQM Version Number	3.3.000
NQF Number	3316e	GUID	33b40c00-909a-4490-8093-999fbcdc3480
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	Centers for Medicare & Medicaid Services (CMS)		
Measure Developer	Mathematica		
Endorsed By	National Quality Forum		
Description	Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge		

CMS 506

Population Criteria

▲ Initial Population

```
/*Captures encounters of patients with an opioid(s), benzodiazepine, or a combination of these medications at discharge*  
"Inpatient Encounter with Age Greater than or Equal to 18" InpatientEncounter  
with ( ["Medication, Discharge": "Schedule II and III Opioid Medications"]  
union ["Medication, Discharge": "Schedule IV Benzodiazepines"] ) OpioidOrBenzodiazepineDischargeMedication  
such that OpioidOrBenzodiazepineDischargeMedication.authorDatetime during InpatientEncounter.relevantPeriod
```

▲ Denominator

```
"Initial Population"
```

▲ Denominator Exclusions

```
/*Excludes patients with cancer or who are receiving palliative or hospice care at the time of the encounter*/  
"Inpatient Encounter with Age Greater than or Equal to 18" InpatientEncounter  
where exists ( ["Diagnosis": "All Primary and Secondary Cancer"] Cancer  
where Cancer.prevalencePeriod overlaps InpatientEncounter.relevantPeriod  
)  
or exists ( InpatientEncounter.diagnoses Diagnosis  
where Diagnosis.code in "All Primary and Secondary Cancer"  
)  
or exists ( ["Intervention, Order": "Palliative or Hospice Care"] PalliativeOrHospiceCareOrder  
where PalliativeOrHospiceCareOrder.authorDatetime during InpatientEncounter.relevantPeriod  
)  
or exists ( ["Intervention, Performed": "Palliative or Hospice Care"] PalliativeOrHospiceCarePerformed  
where PalliativeOrHospiceCarePerformed.relevantPeriod overlaps InpatientEncounter.relevantPeriod  
)
```

▲ Numerator

```
/*Encounters of patients prescribed two or more opioids or an opioid and benzodiazepine at discharge.  
*/  
( "Inpatient Encounter with Age Greater than or Equal to 18" InpatientEncounter  
where ( Count(["Medication, Discharge": "Schedule II and III Opioid Medications"] Opioids  
where Opioids.authorDatetime during InpatientEncounter.relevantPeriod  
) >= 2  
)  
union ( "Inpatient Encounter with Age Greater than or Equal to 18" InpatientEncounter  
with ["Medication, Discharge": "Schedule II and III Opioid Medications"] OpioidsDischarge  
such that OpioidsDischarge.authorDatetime during InpatientEncounter.relevantPeriod  
with ["Medication, Discharge": "Schedule IV Benzodiazepines"] BenzodiazepinesDischarge  
such that BenzodiazepinesDischarge.authorDatetime during InpatientEncounter.relevantPeriod
```

INVERSE MEASURE

- **Denominator**

- Inpatient Encounter including Observation
- > 18 years of age
- Length of stay < 120 days
- Opioid or Benzodiazepine at Discharge

- **Denominator Exclusions**

- Hospice or Palliative Care
- Primary or Secondary Cancer Diagnosis

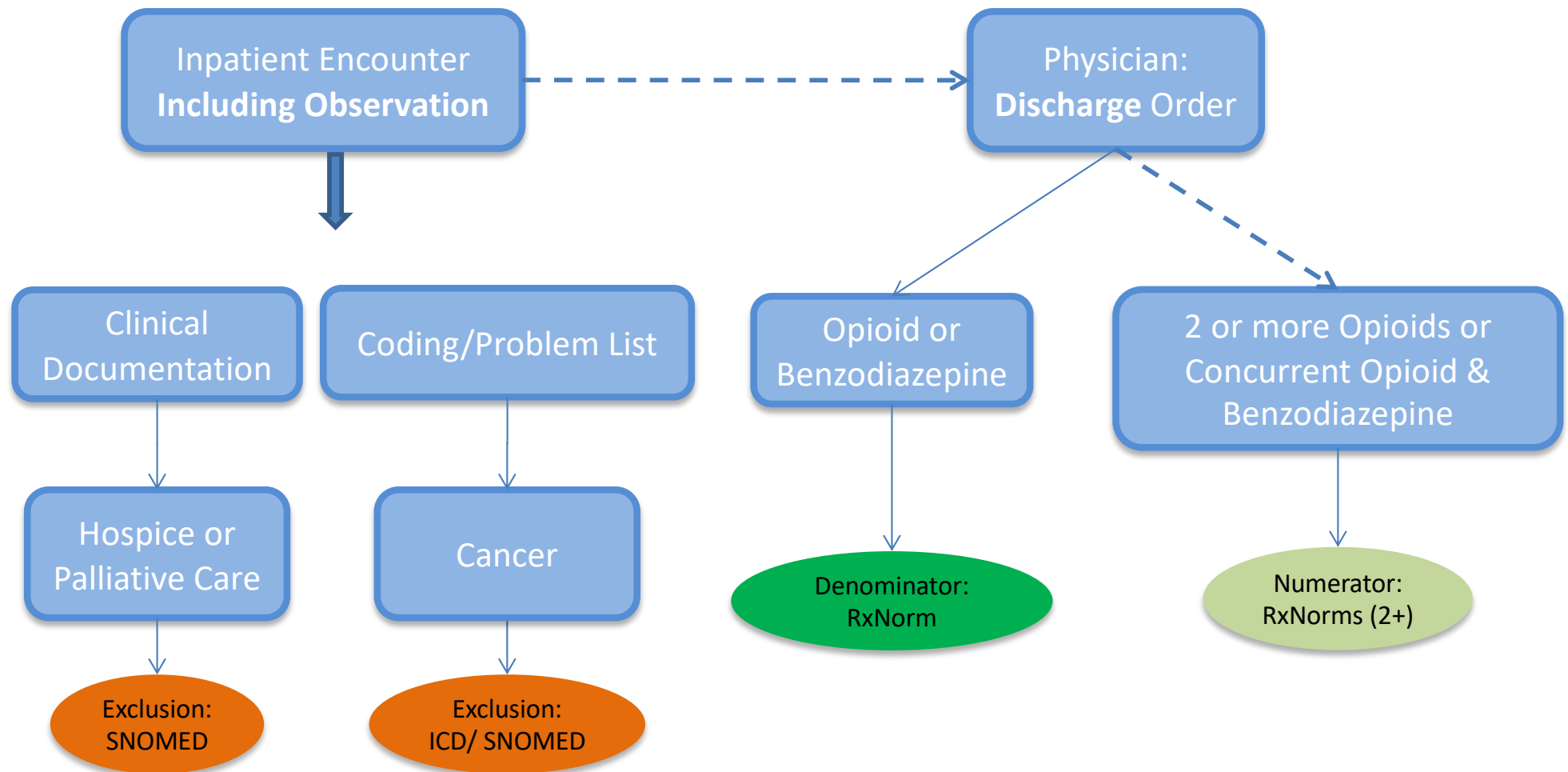
- **Numerator**

- Two or More Concurrent Opioids at Discharge
- or
- Concurrent Opioid and Benzodiazepine at Discharge

- **Denominator Exceptions**

- None

CMS 506: Safe Use of Opioids – Concurrent Prescribing



CMS 506

	CMS Id	TJC Id	Measure Name	eCQM Version	Initial Population	In Denominator Only	Den. Exclusions	Numerator	Denominator	Exceptions	Rate
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CMS506v2		Safe Use of Opioids – Concurrent Prescribing	2019 EH	349	239	87	23	349	0	8.78 %

Measure Details



Drag a column header here to group by that column

	Medisolv Identifier	Result	Discharge	IN LOS	Global Hosp
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	5eda8f8b610177417c015e5f	In Numerator	1/2/2020 12:45:00 PM		22
	5eda8f8b610177417c016706	In Denominator Only	1/2/2020 12:51:00 PM		3
	5eda8f73610177417cfd37cb	In Denominator Only	1/2/2020 4:45:00 PM		3
	5eda8f7c610177417cff0055	Excluded	1/2/2020 5:05:00 PM		2

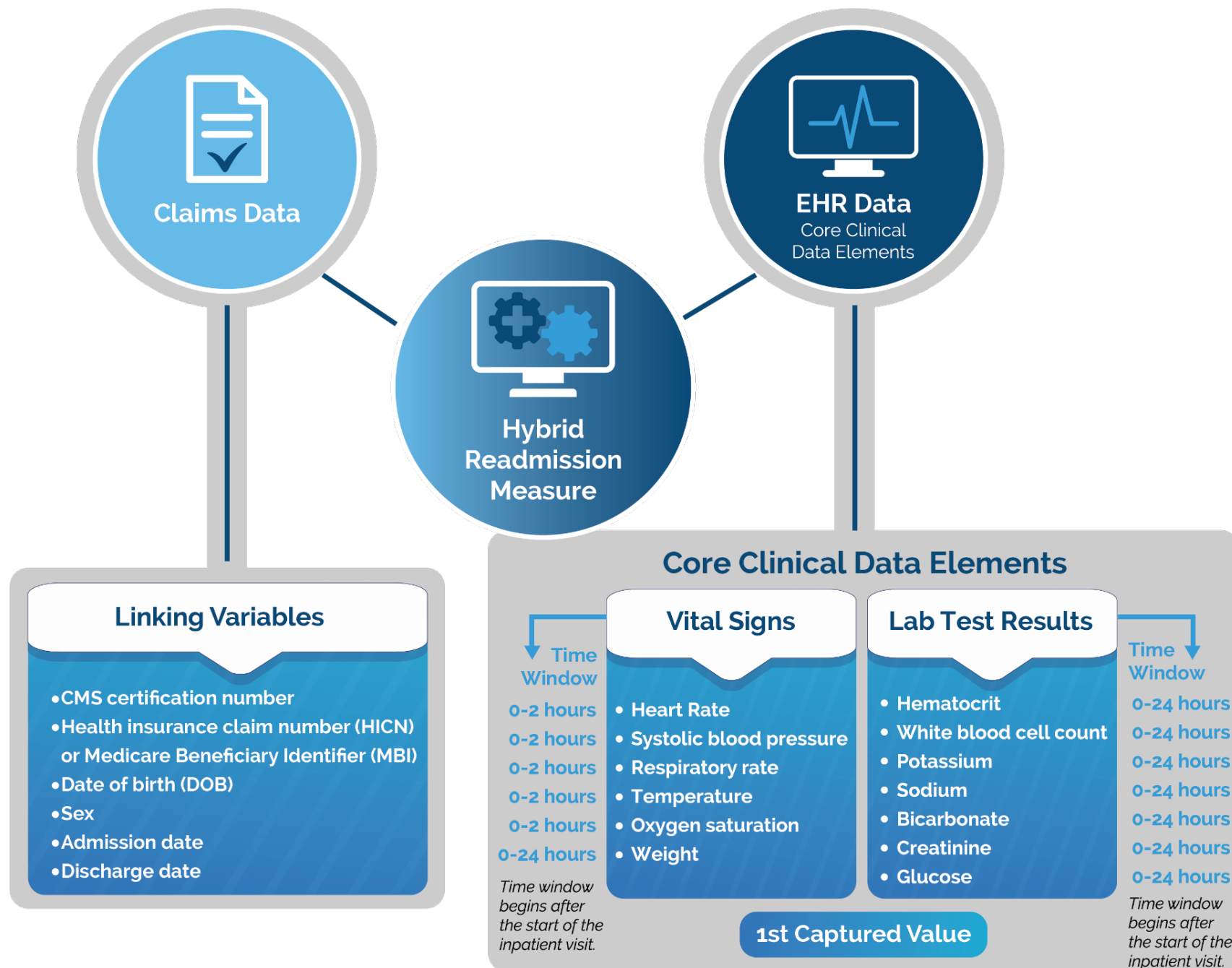
IPP/Denominator:
Opioid/Benzo at discharge

Exclusions:
Cancer diagnosis
Palliative/Hospice

Numerator:
Two or more opioids at discharge

Codes	Description	Status	Route	Start Time	End Time	Used
RxNorm:1049621	Oxycodone Hydrochloride 5 MG Oral Tablet	discharge		1/2/2020 12:45:00 PM	1/2/2020 9:27:00 AM	
RxNorm:857002	Acetaminophen 325 MG / Hydrocodone Bitartrate 5 MG Oral Tablet	discharge		1/2/2020 12:45:00 PM	12/31/2019 8:34:00 AM	

Hybrid Hospital Wide Readmission – CMS 529



Populations/Logic

eCQM Title	Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data		
eCQM Identifier (Measure Authoring Tool)	529	eCQM Version Number	1.3.000
NQF Number	2879e	GUID	fa75de85-a934-45d7-a2f7-c700a756078b
Measurement Period	July 1, 2021 through June 30, 2022		
Measure Steward	Centers for Medicare & Medicaid Services (CMS)		
Measure Developer	Mathematica		
Measure Developer	Yale New Haven Health Service Corporation/ Center for Outcomes Research and Evaluation		
Endorsed By	National Quality Forum		
Description	This logic is intended to extract electronic clinical data. This is not an electronic clinical quality measure and this logic will not produce measure results. Instead, it will produce a file containing the data that CMS will link with administrative claims to risk adjust the Hybrid HWR outcome measure. It is designed to extract the first resulted set of vital signs and basic laboratory results obtained from encounters for adult Medicare Fee-For-Service patients admitted to acute care short stay hospitals.		

Populations/Logic

Population Criteria

▲ Initial Population

"Inpatient Encounters"

▲ Stratification

None

Definitions

▲ Initial Population

"Inpatient Encounters"

▲ Inpatient Encounters

```
from
["Encounter, Performed": "Encounter Inpatient"] InpatientEncounter,
["Participation": "Medicare payer"] Payer,
["Patient Characteristic Birthdate": "Birth date"] BirthDate
where ( Payer.participationPeriod overlaps before InpatientEncounter.relevantPeriod
       or start of Payer.participationPeriod same as start of InpatientEncounter.relevantPeriod
)
and
end of Payer.participationPeriod != start of InpatientEncounter.relevantPeriod
and Global."HospitalizationWithObservationLengthofStay" ( InpatientEncounter ) < 365
and InpatientEncounter.relevantPeriod ends during "Measurement Period"
and Global."CalendarAgeInYearsAt" ( BirthDate.birthDatetime, start of InpatientEncounter.relevantPeriod ) >= 65
return InpatientEncounter
```


Hybrid HWR Overview

Populations / Logic

- **IPP / Denominator**

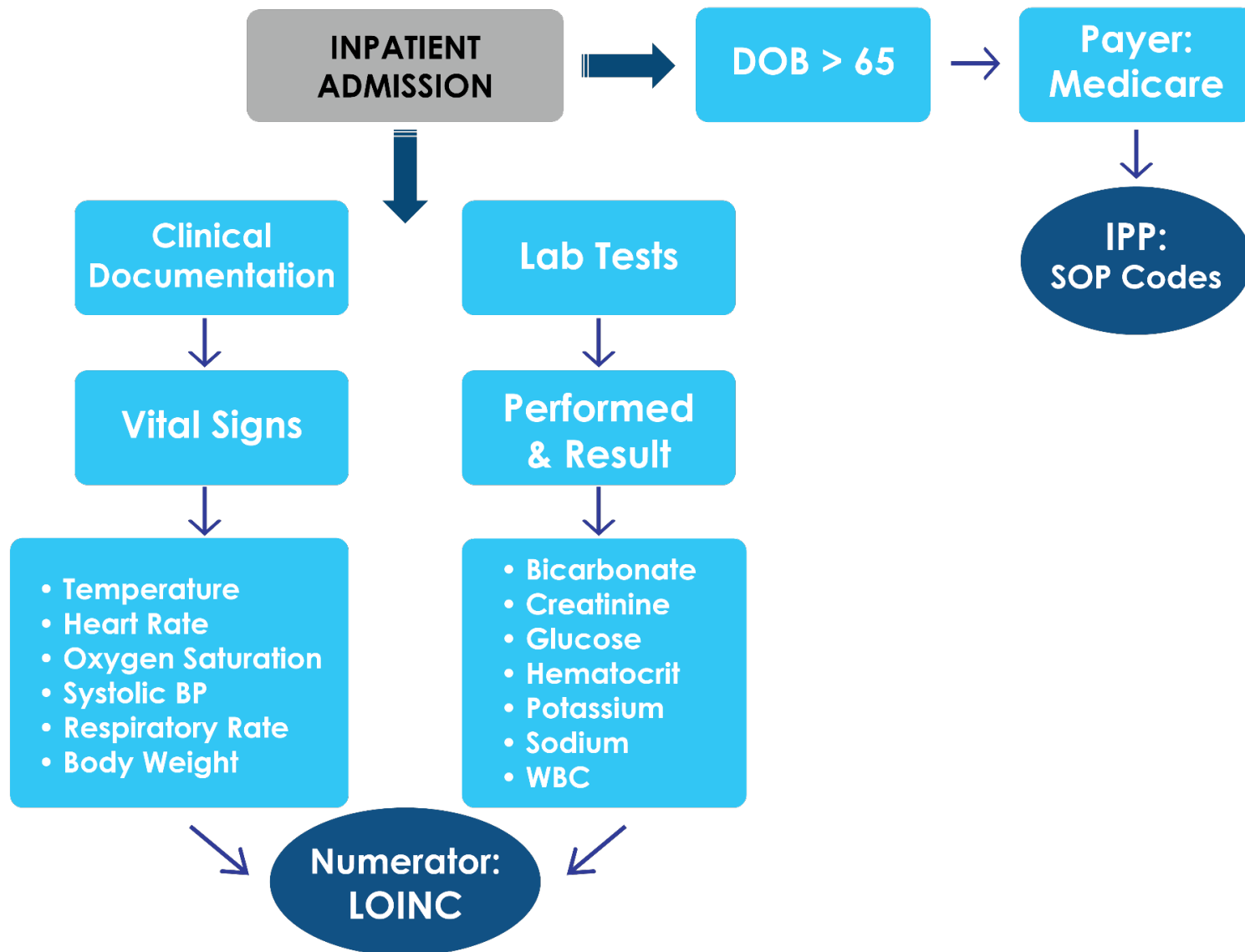
- Age \geq 65 years
- Acute care hospital Inpatient Encounter
 - length of stay $<$ 365 days
 - admission & discharge during Measurement Period
- Medicare patient (primary, secondary...)

- **Numerator - *One or more CCDE***

- Within the 24hrs prior to the start of the Inpatient Encounter (Labs & Vitals)
- Within 24hrs after the start of the Inpatient Encounter (Labs only)
- Within the 2hrs after the start of the Inpatient Encounter (Vitals only)

****The earliest instance of documentation will qualify patient****

Hybrid HWR Workflow



4: Resources

- 1) eCQI Resource Center**
- 2) Quality Net**
- 3) CMS**
- 4) TJC**
- 5) JIRA**
- 6) VSAC**
- 7) Vendors**

5: eCQM Roadmap

Phase 1 - EDUCATION

CMS Reporting
Requirements
Annual Specification
Updates
Measure &
Value Set Review

Phase 3 – EVALUATION

Data Validation
Monitoring/Analysis
Education/Improvement

Phase 2 - DISCOVERY & BUILD

EHR Functionality
Data Sources
Current State Assessment
eCQM Workflow vs.
Hospital Workflow
Build, Map, Test

Phase 4 - SUBMISSION

5: eCQM Roadmap

**Plan for
detours,
alternative
routes and
roadblocks**

Regulatory Changes










EHR Updates, Migrations

Clinical and Documentation Changes


















Mapping Maintenance

Improvement Hurdles

6: Monitor, Analyze, Improve



Rate Measure Results 											
<i>Drag a column header here to group by that column</i>											
		CMS Id	TJC Id	Measure Name	Initial Population	In Denominator Only	Den. Exclusions	Numerator	Denominator	Exceptions	Rate ▾
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RE		CMS105v7	eSTK-6	Discharged on Statin Medication	70	1	14	54	69	0	98.18 %
RE		CMS108v7	eVTE-1	Venous Thromboembolism Prophylaxis	3217	57	1249	1911	3217	0	97.10 %
RE		CMS190v7	eVTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	3217	21	140	591	761	9	96.57 %
RE		CMS72v7	eSTK-5	Antithrombotic Therapy By End of Hospital Day 2	70	3	21	45	69	0	93.75 %
RE		CMS104v7	eSTK-2	Discharged on Antithrombotic Therapy	70	13	14	42	69	0	76.36 %
RE		CMS71v8	eSTK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	70	8	7	6	22	1	42.86 %
RE		CMS113v7	ePC-01	Elective Delivery	134	0	0	0	0	0	0.00 %
RE		CMS9v7	ePC-05	Exclusive Breast Milk Feeding	0	0	0	0	0	0	0.00 %

6: Monitor, Analyze, Improve

Rate Measure Results 											
<i>Drag a column header here to group by that column</i>											
		CMS Id	TJC Id	Measure Name	Initial Population	In Denominator Only	Den. Exclusions	Numerator	Denominator	Exceptions	Rate ▾
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		CMS105v7	eSTK-6	Discharged on Statin Medication	70	1	14	54	69	0	98.18 %
		CMS108v7	eVTE-1	Venous Thromboembolism Prophylaxis	3217	57	1249	1911	3217	0	97.10 %
		CMS190v7	eVTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	3217	21	140	591	761	9	96.57 %
		CMS72v7	eSTK-5	Antithrombotic Therapy By End of Hospital Day 2	70	3	21	45	69	0	93.75 %
		CMS104v7	eSTK-2	Discharged on Antithrombotic Therapy	70	13	14	42	69	0	76.36 %
		CMS71v8	eSTK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	70	8	7	6	22	1	42.86 %
		CMS113v7	ePC-01	Elective Delivery	134	0	0	0	0	0	0.00 %
		CMS9v7	ePC-05	Exclusive Breast Milk Feeding	0	0	0	0	0	0	0.00 %

6: Monitor, Analyze, Improve


CMS 105

Medications 								
<i>Click on the column header here to group by that column</i>								
Codes	Description	Status	Route	Start Time	End Time	Negation Code	Documentation	Used
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RxNorm:904475	Pravastatin Sodium 40 MG Oral Tablet	discharge		10/23/2019 5:40:00 PM			PRAVASTATIN SOD40 MG, AC, CONT	

CMS 108


Codes	Description	Status	Route	Start Time	End Time	Negation Code	Documentation	Used
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RxNorm:854235	0.4 ML Enoxaparin sodium 100 MG/ML Prefilled Syringe	administered	Subcutaneous route (qualifier value)	12/30/2018 4:51:00 AM	12/30/2018 4:52:00 AM		PhaRx, PhaRxMedications: LOV51	

CMS 71

Codes	Description	Status	Start Time	End Time	Negation Code	Documentation	Used
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oid :2.16.840.1.113883.3.117.1.7.1.200	Anticoagulant Therapy	discharge not done	9/16/2019 11:56:00 AM	9/16/2019 11:56:00 AM	406149000	AdmVisitClinicalQueriesMult : CQM.COARE1, 1	

6: Monitor, Analyze, Improve

Hybrid HWR

Missing Results 			
Drag a column header here to group by that column			
CCDE	Missing		Missing %
<input type="text"/>	<input type="text"/>		<input type="text"/>
Na	123		100.00 %
BiCarb	80		65.04 %
WBC	33		26.83 %
Creat	30		24.39 %

6: Monitor, Analyze, Improve

eCQM Measure Results

Hospital: Demo Hospital ▼

January 1, 2020 - December 31, 2020 ▼

Regulatory eCQMs Hybrid Measures Medisolv eCQMs

Measure Summary

Patient Details

Measure Summary

Drag a column header here to group by that column

	CMS Id	Measure Name	Initial Population
☐	CMS529v1	Hospital Core Clinical Data Elements	123

Missing Results

Drag a column header here to group by that column

CCDE	Missing	Missing %
☐ HR	27	21.95 %
☐ RR	26	21.14 %
☐ Temp	13	10.57 %
☐ SBP	14	11.38 %
☐ O2Sat	17	13.82 %
☐ HCT	29	23.58 %
☐ WT	21	17.07 %
☐ WBC	33	26.83 %
☐ Na	123	100.00 %
☐ BiCarb	80	65.04 %
☐ K	30	24.39 %
☐ Creat	30	24.39 %
☐ Glucose	25	20.33 %

6: Monitor, Analyze, Improve

	CMS529v1	Hospital Core Clinical Data Elements	123
---	----------	--------------------------------------	-----







Missing Results

Drag a column header here to group by that column

CCDE	Missing
<input type="text"/>	<input type="text"/>
HR	27

Patient Details – Missing Results

Drag a column header here to group by that column

	Patient Name	Case Identifier	Age	Payer	HR	RR	Temp	SBP	O2Sat	HCT	WT	WBC
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Muir, Bram	AC0002092178	76	MEDICARE								
	Curtis, Denise	AC0002090957	82	MEDICARE			97.9	169 MMHG		38.4 %	54431.09 gm	9 K/m
	Burros, Scott	AC0002090725	85	MEDICARE			98.1	149 MMHG	97 %	31.2 %	95254.4 gm	
	Salinger, Hsun	AC0002087094	73	MEDICARE			98.6	124 MMHG	97 %	29.7 %		15.9 K
	Louis, Camellia	AC0002088232	80	MEDICARE			98	209 MMHG	99 %	38.4 %	51709.53 gm	7.2 K/
	Rand, Eileen	AC0002089104	73	MEDICARE						31.4 %		4.6 K/

6: Monitor, Analyze, Improve

ENCOR *Electronic Measures*

Home Clinician ▾ Hospital ▾ Value Sets

Patient Details

Demographics

Providers

Medisolv Identifier


5eda4615491c951680302b9c

Birth Date

4/25/1944

Gender

Male

 CMS529v1 – Hospital Core Clinical Data Elements

Conditions

Encounters

Medications

Procedures

Lab Tests

Allergy/ADR


Medical Devices

Clinical Documentation

Drag a column header here to group by that column

Codes	Description	Result	Start Time
Loinc:8310-5	Body temperature	98.3	5/2/2020 8:40:00 PM
Loinc:8480-6	Systolic blood pressure	133 mm[hg]	5/2/2020 8:40:00 PM
Loinc:9279-1	Respiratory rate	16 {breaths}/min	5/2/2020 8:40:00 PM
Loinc:59408-5	Oxygen saturation in Arterial blood by Pulse oximetry	98 %	5/2/2020 8:40:00 PM
Loinc:8867-4	Heart Rate	80 {beats}/min	5/2/2020 8:40:00 PM
Loinc:59408-5	Oxygen saturation in Arterial blood by Pulse oximetry	98 %	5/3/2020 7:59:00 AM
Loinc:8867-4	Heart Rate	93 {beats}/min	5/3/2020 7:59:00 AM
Loinc:8310-5	Body temperature	98.9	5/3/2020 7:59:00 AM
Loinc:9279-1	Respiratory rate	17 {breaths}/min	5/3/2020 7:59:00 AM
Loinc:8480-6	Systolic blood pressure	117 mm[hg]	5/3/2020 7:59:00 AM

6: Monitor, Analyze, Improve

 CMS529v1 – Hospital Core Clinical Data Elements

Conditions	Encounters	Medications	Procedures	Lab Tests	Allergy/ADR	Medical Devices	Clinical Documentation
Encounter							
Drag a column header here to group by that column							
Case Identifier	Codes	Description	Start Time	End Time			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
AC0002092178	Snomed:8715000	Hospital admission, elective (procedure)	5/2/2020 10:05:00 AM	5/11/2020 2:45:00 PM			

6: Monitor, Analyze, Improve

Submission

- ONC Certified (2015)
- Use Correct Version
 - eCQM Specs
 - Value Sets
- QRDA I File Submission
(different requirements for Hybrid vs eCQM)
- Vendor Authorization
- EHR Certification ID
- Quality Net Secure Portal
- Post submission validation
- Documentation of completion

Report Run Date: 11/09/2019

EHR Hospital Reporting – eCQM Performance Summary Report

Submitter: V100359

Discharge Quarter: 01/01/2019 - 03/31/2019

Measure Set: AMI, CAC, ED, HearScreening, Hybrid Measures, PC, PN, SCIP, STK, VTE

Submitter ID: V100359-Medisolv, Inc

Provider ID:

Measure ID	Version #	IPP	Denominator Population	Numerator Population	Denominator Exclusion	Denominator Exception	Continuous Variable	Performance Score
Measure Set: AMI								
AMI-8a	7	21	16	14	0	1	-	93.3333333 %
Measure Set: CAC								
CAC-3	6	1	1	1	-	-	-	100 %
Measure Set: ED								
ED-1 (Stratum 1)	7	2059	2059	0	-	-	335 minutes	-
ED-1 (Stratum 2)	7	30	30	0	-	-	366 minutes	-
ED-2 (Stratum 1)	7	1954	1954	0	-	-	298 minutes	-
ED-2 (Stratum 2)	7	30	30	0	-	-	313.5 minutes	-
Measure Set: HearScreening								
EHDI-1a	7	231	231	231	0	-	-	100 %
Measure Set: PC								
PC-01*	7	181	26	6	0	-	-	23.0769231 %
PC-05	7	201	201	55	30	-	-	32.1637427 %
Measure Set: STK								
STK-2	7	39	30	24	6	0	-	100 %
STK-3	8	39	8	4	3	0	-	80 %
STK-5	7	39	30	22	5	1	-	91.6666667 %
STK-6	7	39	30	19	6	3	-	90.4761905 %
Measure Set: VTE								
VTE-1	7	2261	2261	1716	538	-	-	99.5937319 %
VTE-2	7	2261	236	196	39	1	-	100 %

Rate Measure Results

Drag a column header here to group by that column

	CMS Id	TJC Id	Measure Name	eCQM Version	Initial Population	In Denominator Only	Den. Exclusions	Numerator	Denominator	Exceptions	Rate
	CMS113v7	ePC-01	Elective Delivery	2018 EH	181	9	16	1	26	0	10.00 %

eCQM Submissions

Report Run Date: 10/13/2017

EHR Hospital Reporting - Submission Detail Report

Submitter: V100359

Upload Date Range: 10/13/2017 - 10/13/2017

Provider: All

Batch ID:

File Status: REJECTED

Test Case Indicator: All

Discharge Quarter: 07/01/2017 - 09/30/2017

Submitter ID	Provider ID	EHR Certification Number	File Name	Batch ID	Upload Date	File Status	Feedback Message
V100359-Medisolv, Inc			5978e981a089e30d444b7871.xml		10/13/2017 10:46	REJECTED	ERROR: The system SHALL reject QRDA-I files if the Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value) (CONF: CMS_0062). ERROR: The system SHALL reject QRDA-I files if the Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value) (CONF: CMS_0062). ERROR: The system SHALL reject QRDA-I files if the Encounter Performed Admission Date (effectiveTime/low value) is after the Encounter Performed Discharge Date (effectiveTime/high value) (CONF: CMS_0062).
V100359-Medisolv, Inc			599c6174a089e312c833ee08.xml		10/13/2017 10:46	REJECTED	
V100359-Medisolv, Inc			599c6176a089e312c83486dd.xml		10/13/2017 10:46	REJECTED	

Hybrid Hospital Specific Report

Table II: Summary of Your Hospital's Submission of CCDE Information for the 30-Day Hybrid HWR Measure

HOSPITAL NAME

Hospital Discharge Period: January 1, 2018 through June 30, 2018

Submission Information	Number	Percentage (%)
Total discharges (based on claims)	701	--
Total discharges for which CCDE were successfully submitted	1,184	--
Total discharges with successfully linked claims and CCDE information [a] [b]	652	55.1%
Total discharges with failed linkage of claims and CCDE information	532	44.9%
Total discharges with missing heart rate [c]	1,184	100.0%
Total discharges with missing respiratory rate [c]	1,184	100.0%
Total discharges with missing temperature [c]	10	0.8%
Total discharges with missing systolic blood pressure [c]	2	0.2%
Total discharges with missing oxygen saturation [c]	1,184	100.0%
Total discharges with missing hematocrit [c]	14	1.2%
Total discharges with missing weight [c]	1,184	100.0%
Total discharges with missing white blood cell count [c]	41	3.5%
Total discharges with missing sodium [c]	15	1.3%
Total discharges with missing bicarbonate [c]	15	1.3%
Total discharges with missing potassium [c]	15	1.3%
Total discharges with missing creatinine [c]	15	1.3%
Total discharges with missing glucose [c]	15	1.3%

7: Communication & Feedback

- 1) Regular Team Meetings – group emails & chats
- 2) Include stakeholders in decision making. Ask for input!
- 3) Educate on changes to requirements, measures, workflow
- 4) Weekly status updates
- 5) Provide access to eCQM reports and/or dashboards

7: Communication & Feedback

Share & Celebrate Success!

ENCOR Electronic Measures

Home Hospital Value Sets Contact Us

Last EH Load: 10/14/2020 08:20 AM

eCQM Measure Results

Hospital:

Regulatory eCQMs Hybrid Measures Medisolv eCQMs

July 1, 2020 - September 30, 2020

Rate Measure Results

Drag a column header here to group by that column

	CMS Id	TJC Id	Measure Name	eCQM Version	Initial Population	In Denominator Only	Den. Exclusions	Numerator	Denominator	Exceptions	Rate
	CMS72v8	eSTK-5	Antithrombotic Therapy By End of Hospital Day 2	2019 EH	49	0	8	40	49	0	100.00 %
	CMS71v9	eSTK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	2019 EH	49	0	2	3	49	0	100.00 %
	CMS190v8	eVTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	2019 EH	1636	6	41	262	1630	4	97.76 %
	CMS105v8	eSTK-6	Discharged on Statin Medication	2019 EH	49	1	6	38	48	3	97.44 %
	CMS108v8	eVTE-1	Venous Thromboembolism Prophylaxis	2019 EH	1636	46	495	1095	1630	0	95.97 %
	CMS104v8	eSTK-2	Discharged on Antithrombotic Therapy	2019 EH	49	2	6	40	48	0	95.24 %

T – 44 days and counting





Questions?

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